



# Autism Division Training General Registration Form

Use for all courses except ABBIS.

**Professionals:** use one registration form per person.

**Family Members:** can use one registration for more than one person.

Send completed registration to the appropriate Autism Division Office. The same form can be used for more than one training if the same office conducts all the selected training.

**NOTE:** Sending this form does not guarantee acceptance. You will be contacted by the Autism Division upon acceptance.

Name:

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Check one: I am a \_\_\_\_\_ Family member of a person with autism \_\_\_\_\_ Professional

**Professionals** complete #1 through #4

**Family members** complete #4

1.Position:

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2.Employer:

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3.Work Address:

Street

City County

Zip Work Phone#

Work E-Mail

4.Home Address:

Street

City County

Zip Home Phone#

Home E-Mail

## Course Selection

**For all courses having a prerequisite:** Using number in the list below, list the prerequisite course you have attended with the date and place.

- |                                   |   |
|-----------------------------------|---|
| 1. One-day Introduction to Autism | 2. Supporting Adults with Autism              |
| 3. Basic Treatment Strategies     | 4. Early Intervention Training (Introduction) |

Training Requested	Dates (s)	Location (s)	Prerequisite

## Services to People with Autism

**Professionals:** How many people with autism do you serve, either directly or indirectly?

Briefly describe how your job function helps people with autism.

**Family Members:** Please describe how you are providing help to your family member with autism.

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## Why I wish to Attend These Courses

Briefly describe why you want to attend the training you requested and how you think it will help you in the performance of your job or in the aid of your family member with autism.

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Do you need assistance? If yes, please describe:

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